

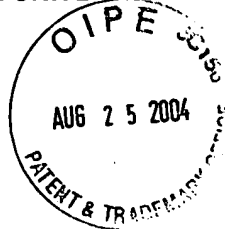
## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Kazumi SABURI, et al.

Serial No: 09/743,241

Filed: January 5, 2001

For: VISUAL TELEPHONE SYSTEM USING MOBILE  
COMMUNICATION TERMINAL

Art Unit: 2643

Examiner: Eng, George

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313, on  
August 23, 2004

Date of Deposit

Joyce Hegeman

Name

Signature

August 23, 2004  
Date

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted in the above-identified application.

- ☒ Response to Restriction Requirement  
☒ Return postcard

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The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	15	-	20	**	0	LG=\$18 SM=\$9 \$18.00	\$ 0
INDEPENDENT CLAIMS FEE	3	-	3	**	0	LG=\$84 SM=\$42 \$84.00	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140	\$ 0
TOTAL							\$ 0

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check which includes the amount of \$\_\_\_\_\_ to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
- ☐ A check which includes the amount of \$\_\_\_\_\_ to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,

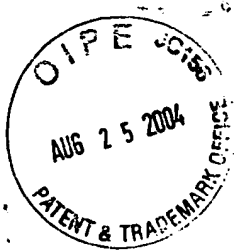
HOGAN &amp; HARTSON L.L.P.

Date: August 23, 2004

Biltmore Tower  
500 South Grand Avenue, Suite 1900  
Telephone: (213) 337-6700  
Facsimile: (213) 337-6701

By:

Troy M. Schmelzer  
Registration No. 36,667  
Attorneys for Applicant



Patent Application No. 09/743,241  
Attorney Docket No. 81922.0004

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Date

**RESPONSE TO RESTRICTION REQUIREMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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Dear Sir:

In response to the Restriction Requirement dated July 23, 2004, Applicant elects for prosecution the claims of Group I, claims 13-21 and 25-27, drawn to a mobile communication terminal comprising a control unit for selecting one of the application programs in correspondence with the data type information which is appended to incoming information identified by a data type identifying unit, without traverse.

If there are any fees due in connection with the filing of this response, please charge the fees to our Deposit Account No. 50-1314.

Respectfully submitted,

HOGAN & HARTSON L.L.P.

Date: August 23, 2004

By: 

Troy M. Schmelzer  
Registration No. 36,667  
Attorney for Applicant(s)

500 South Grand Avenue, Suite 1900  
Los Angeles, California 90071  
Phone: 213-337-6700  
Fax: 213-337-6701